

Idaho State Police, Forensic Services

Evidence Submission/Receipt Form



Lab Use Only	Laboratory Case Number: _____
Date Received: _____ By: _____	
Received in person <input type="checkbox"/> or via: _____ Phone #: _____	
Forwarded to: _____ By: _____ Date: _____	
Received from: _____ By: _____ Date: _____	
Lab Use Only When Returning Evidence	
Idaho State Police: _____ Date: _____	
Agency Representative: _____ Date: _____	

Submitting Agency (Do not abbreviate)		Date of Offense		Agency Case Number	
County of Offense		Charge		Court Date	
Suspect <input type="checkbox"/>	<input type="checkbox"/>	Name Last, First	DOB	State ID # (fingerprints only)	
Victim <input type="checkbox"/>	<input type="checkbox"/>	Name Last, First	DOB	State ID # (fingerprints only)	
Subject <input type="checkbox"/>	<input type="checkbox"/>	Name Last, First	DOB	State ID # (fingerprints only)	
Suspect <input type="checkbox"/>	<input type="checkbox"/>	Name Last, First	DOB	State ID # (fingerprints only)	
Victim <input type="checkbox"/>	<input type="checkbox"/>	Name Last, First	DOB	State ID # (fingerprints only)	
Subject <input type="checkbox"/>	<input type="checkbox"/>	Name Last, First	DOB	State ID # (fingerprints only)	
Status of Case (Mark one) New <input type="checkbox"/> Additional <input type="checkbox"/> Resubmittal <input type="checkbox"/>					
Investigating Officer			Phone number		
Agency Exhibit Number	Exhibit Description		Location Found		Type of Exam Requested (see below)

Type of exam: Biology (Bio), Controlled Substances (CS) or Fire Debris (FD), Firearms/Toolmarks (F/T), Fingerprints(FP), or Shoeprint/tiretracks (S/T).

Toxicology and blood alcohol sample must use toxicology submittal form.

Agency representative: Submitting this form indicates agreement to ISP Forensic Services' terms and conditions, for analyzing this evidence as described at our web site: <http://www.isp.state.id.us/forensic/index.html>

Use this page only if necessary:

[illegible]